

















# Phase I – QI module: 50 hospitals in SCOAP Phase 2 – business module: UWMC, Providence Everett, Good Samaritan, Samaritan Healthcare Focus: Uncaptured revenue related to pre-op testing Unbilled charges \$200-500,000/yr Supply avoidance through substitution Savings \$1.5-3 million/yr

## **SCO≜P** Lessons from Pilot Phases

- Success but recognized challenges
  - Several "data programs" compete for hospital resources
  - Uncertainty at the hospital level about ability to change
  - Upfront costs of abstraction/dues
    - I, 5, 10K dues, 10-30K abstraction fees
- SCOAP Solution
  - Data abstraction is a service-no up front cost
  - Change intervention is a service-no up front cost
  - Option to have "risk" or "no-risk" contracts
- · Fees determined through
  - Avoided costs
  - Enhanced revenue related to 72hr testing

# SCOAP How SCOAP Makes Financial Assessments

- Measure utilization of OR supplies before and after intervention
  - Units used x cost/unit at baseline and after SCOAP
- Measure utilization of post-surgical supplies before and after intervention
  - Units used x cost/unit at baseline and after SCOAP
- Measure blood and radiologic testing within 72 hours before and after intervention
  - Tests used x revenue/test at baseline and after SCOAP

### \$CO≜P

### **SWOT**

- Strengths
  - Strengers
     Sweet spot of quality improvement and cost reduction
     Novel approach
     Clinician led behavior change
     No risk to hospital
- Weaknesses
- Opportunities
   What else would you like us to focus on
- Threats
  - Competitors
- Competitors
   Internal programs
   Supply chain management consulting groups
   Administrative data
  Willingness to pay/What's it worth?
   Back end/no risk % of savings vs up-front fee



### Find out more:

www.scoap.org















